## SOUTHERN CALIFORNIA

Washington, January 9.—(AP)—The 1940 and 1930 census figures for California cities in Southern California between 2,500 and 10,000 population:

1940
1930

_	1010	1000
Arcadia	9,122	5,216
Azusa	5.209	4.808
Banning	3 874	2,752
Dailling	0,517	2,435
Brea		4,430
Calexico	5,415	6,299
Chino	4.204	3,118
Chula Vista	5 128	3,869
Citula vista	9,100	2,719
Claremont	3,007	4,719
Coalinga	5,026	2,851
Colton	9,686	8,014
Corona	8 764	7,018
Coronado		5,425
Coronado		9,774
Covina	3,049	2,774
Culver City	8,976	5,669
Delano	4.573	2,632
Dinuba	3 790	2,968
El Monte	4 746	3,479
El Monte	9,740	
El Segundo	3,738	3,503
Escondido	4,560	3,421
Exeter		2.685
Fillmore		2,893
C	5,202	-
Gardena	5,505	2,761
Glendora	2,822	2,761
Hanford	8,234	7,028
Hawthorne	8.263	6,596
Hemet	2,505	2,235
nemet	2,000	4,200
Hermosa Beach	7,197	4,796
Huntington Beach	3,738	3,690
Laguna Beach	4.460	1,981
La Mesa	3 925	2.513
		2.860
La Verne	3,034	
Lindsay	4,397	3,878
Lompoc	3,379	2,845
Manhattan Beach	6.398	1,891
Montebello	8 016	5,498
Montebello	8 521	6,406
Monterey Park	0,001	0,400
Needles	3,624	3,144
Newport Beach	4,438	2,203
Oceanside	4.651	3,508
Orange	7,901	8,066
Orange	0 510	6,285
Oxnard	8,519	0,200
Palm Springs	3,434	
Porterville	6,270	5,303
Reedley	3.170	2,589
San Fernando	9.094	7.567
San Fernando	4.017	2,967
Sanger	4,017	2,501
San Luis Obispo	8,881	8,276 3,730
San Marino	8,175	3,730
Santa Maria		7.057
Santa Paula	8 986	7,452
O-1	2 667	3,047
Selma		3,041
Sierra Madre	4,581	3,550
Signal Hill	3,184	2,932
Taft	3.205	2 442
Torrance	9 950	7,271
m-1	8.259	6.207
Tulare	0,209	
Upland	6,316	4,713
Visalia	8,904	7,263

City Population Gains Slacken—Census Bureau Reports Slow Up in Trend of Moving from Farm.—Washington, January 18 (AP).—The depression slowed up America's gain in urban population, but failed to reverse the historic trend from farm to city.

Actually, the Census Bureau said today, the percentage of population living in urban territory increased from 56.2 in 1930 to 56.5 in 1940.

Total Increase. In the decade, the total population increase for the forty-eight states and District of Columbia was 8,894,229. Of this number, 5,468,879 were urban and 3,425,350 rural residents.

But Bureau statisticians said the most significant facts were that while in the 1920-30 decade urban population increased six times as fast as rural citizenry, in the 1930-40 decade the urban gain of 7.9 per cent barely topped the rural increase of 6.4 per cent.

"The marked decline in the rate of urban growth," they said, "is attributable in large measure to the economic conditions of the past decade."

The slowing up was attributed to a smaller farm-to-city movement, a decline in the urban birth rate, and the virtual stoppage of immigration.

Dust Bowlers Move. Rural population made its best showing not in the predominately rural Middle West and South, but in the East and Far West. In the Middle West, for instance, rural population declined in "dust bowl" states, where distressed farmers either moved to the city or to other states.

In New York, during the decade the urban population declined from 83.6 to 82.8 per cent, while in South Dakota the "city folks" increased from 18.9 to 24.6 per cent.

Rhode Island, as usual, was the most solidly urban state, with 91.6 per cent, and Mississippi the most rural state with 80.2 per cent.—Los Angeles *Times*, January 19, 1941.

Correction: Article on Coccidioidomycosis. In the article on Coccidioidomycosis by Juliet M. Thorner, M. D. (California and Western Medicine, January, 1941, page 12), the footnote on page 12 was misplaced. The footnote referred to the study conducted by Dr. C. E. Smith (reference 5, on page 13, first paragraph beneath Table 2). Reference 5 was to "An Epidemiological Study of Acute Coccidioidomycosis with Erythema Nodosum." Read before the Session on Fungus Infections at the Sixth Pacific Science Congress, August 2, 1939.

Blood Bank for All Needs.—The first county medical society in the United States, we believe, to undertake such a service, the San Francisco County Medical Society has decided to establish and maintain a blood bank for instant use at need for any victim of illness or accident in San Francisco and the surrounding communities and at cost.

This should be an extremely valuable service. At present the only blood bank in this city is that maintained at the San Francisco Hospital for its indigent patients. This new one will be on call for all who need a supply of blood, rich and poor alike.

While the war lasts, the Society intends also to coöperate with the British War Relief Association in preparing stocks of blood for use in Britain. The Association is one of the supporters of the bank and on its own account already has what it describes as a large list of Californians ready to give blood for the British wounded.—Editorial, San Francisco Chronicle, January 23.

State Rural Population Leads in Gain.—Washington, January 9 (AP).—Rural population growth in California during the past ten years was almost twice that of the cities in percentage, thus reversing the previous trend, final official 1940 federal census figures showed today.

The gain in the country districts was 32.2 per cent and in the urban areas 17.8. The 1930 census put city growth at 78.8 per cent and rural at 37.9.

The state population increased from 5,677,251 to 6,907,-387, a gain of 1,230,136, or 21.7 per cent.

The total city population was set at 4,902,265 and rural at 2,005,122, compared with 4,160,596 and 1,516,655, respectively, in 1930. The city population was 71 per cent of the state total in 1940 and 73.3 in 1930.

Final figures were released for the counties and cities under 100,000, the total for the largest centers having been previously released. . . . — San Francisco Call-Bulletin, January 9, 1941.

American Association for the Study of Goiter.—The American Association for the Study of Goiter again offers the Van Meter prize award of \$300 and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The award will be made at the annual meeting of the Association, which will be held at Boston Massachusetts, May 26, 27, and 28, provided essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations; should not exceed three thousand